

ATASCADERO STATE HOSPITAL

**CLINICAL PSYCHOLOGY
INTERNSHIP PROGRAM**

2012 -2013

**ACCREDITED BY:
THE AMERICAN PSYCHOLOGICAL ASSOCIATION**

*American Psychological Association
Office of Program Consultation and Accreditation
750 First Street, NE Washington, DC 20002-4242
Telephone 202-336-5979 Email: www.apa.org/ed/accreditation*

This brochure is also available at:

http://www.dmh.ca.gov/services_and_programs/state_hospitals/atascadero/Internships/Psychology_Intern_Brochure.asp

ATASCADERO, CALIFORNIA

ATASCADERO STATE HOSPITAL CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM

I. GENERAL SUMMARY OF TRAINING IN PSYCHOLOGY

Atascadero State Hospital offers pre-doctoral internships in Clinical Psychology. The pre-doctoral internship has been accredited by the American Psychological Association since 1970 and is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). It is a one-year full time program offering a stipend of approximately \$40,000 plus benefits. The program is committed to providing interns with the opportunity to develop increasing autonomy and clinical responsibility commensurate with their education, training, and professional competence as they prepare to function as professional psychologists in a variety of settings. The Psychology Staff is characterized by a range of theoretical and therapeutic orientations including cognitive-behavioral, psychodynamic, humanistic-existential, and neurobehavioral viewpoints.

The Psychology Internship Program follows a practitioner-scholar model of training. The internship values training interns to become practitioners with a strong empirical basis for what they practice. Applicable research provides that empirical basis. The training involves understanding, interpreting and applying empirically based assessment and treatment methods. This training is accomplished through seminars, tutorials, workshops, and clinical supervision with an emphasis on providing a variety of clinical experiences. A major emphasis of the program is training in state-of-the-art forensic psychology issues and methods. This focus includes issues of personal and community safety, expert testimony, risk assessment and risk management, forensic evaluation, interfacing with the criminal justice system, the utilization of psychology within the legal system, basic legal commitments, and treatment of offenders. The treatment emphasizes the use of a wide range of assessment and treatment modalities that address each individual client as unique with special attention to individual and cultural differences. Interns are taught and encouraged to think critically and apply appropriate assessment and treatment methods. Furthermore, the program aims to train interns to function as complete professionals who can function effectively in a variety of job settings. This training includes working with ethical issues, working within an interdisciplinary team, working as an administrator, working within bureaucracies, and advocating for issues related to the field of psychology on a state and national level.

Experiences within the Psychology Internship Program at Atascadero State Hospital are designed to meet these more general goals and to lead to a combination of professional competencies by the end of the internship year. These competencies are addressed in greater detail in this brochure.

II. AGENCY OVERVIEW

Atascadero State Hospital is a forensic, psychiatric facility which specializes in the treatment of adult male mentally ill offenders. It is fully accredited by the Joint Commission on Accreditation of Health Care Organizations. The hospital is operated by the California State Department of Mental Health and receives patients committed by the Superior Courts and the Department of Corrections. The hospital provides a unique opportunity to train in a mental health setting which works directly with the judicial system.

The hospital is located on the scenic Central Coast of California about 15 miles east of the Pacific Ocean and midway between San Francisco and Los Angeles. While it is a maximum security setting housing mentally ill offenders, the hospital is designed like a psychiatric hospital rather than a prison and has neither gun towers nor armed security personnel. The facilities include 34 units, a gymnasium, arts and crafts workshop, music center, graphic arts center, Board of Parole Hearing rooms, mock trial facilities, staff-patient canteen, school area, computer center, psychological testing center, video production center, training center, patient library, professional library, and staff fitness center.

The hospital employs approximately 60 staff psychologists some of whom occupy research training and administrative positions, other treatment staff include physicians, psychiatrists, social workers, nurses, dieticians, rehabilitation therapists and psychiatric technicians.

A. Patient Population

The hospital operates with a bed capacity of approximately 1200 individuals. The current patient population consists largely of Mentally Disordered Offenders (men who are paroled to Atascadero State Hospital because of a history of violent crime, active mental illness and a danger to the community), Mentally Ill Inmates, men found Incompetent to Stand Trial who come to the hospital to be restored to competency, and men found to be Not Guilty by Reason of Insanity.

Patients committed as Incompetent to Stand Trial have been accused of committing a crime but are currently unable to stand trial because they cannot understand the charges against them and/or cannot cooperate with counsel. Psychoses are commonly found among these patients and the offenses may range from assault and murder to burglary and forgery. The Not Guilty by Reason of Insanity patients have usually been found guilty of a felony and subsequently not guilty by reason of insanity at the time the crime was committed. Mentally Ill Inmates transferred from prison typically have a psychotic diagnosis as well and are returned to Corrections at the completion of their treatment. The Mentally Disordered Offender (MDO) is a patient who has been

incarcerated for a violent offense, who has a severe mental disorder and who is considered dangerous because of his mental disorder. The MDO patient has completed his prison sentence and is sent to Atascadero State Hospital to receive psychiatric treatment as a special condition of his parole. Some mentally disordered offenders have a history of sexual offenses and receive sex offender specific treatment programming.

The ethnic classification of the patient population largely includes African American, Hispanic, Caucasian, Asian, and Native American individuals.

B. Treatment

The hospital provides five residential programs consisting of several units each. Programs and units are structured around providing treatment to particular commitment categories. Patients are assigned to particular units within a particular program according to their commitment type and resultant dispositional needs. Although subject to ongoing change, programs and units are organized as follows:

- ◆ Program I Incompetent to Stand Trial
- ◆ Program III Mentally Disordered Offender
- ◆ Program V Mentally Ill Inmate
- ◆ Program VI Mentally Disordered Offender, Medical
- ◆ Program VII Mentally Disordered Offender

(all programs may have some individuals held as Not Guilty by Reason of Insanity)

Over the past several years, Atascadero State Hospital has made a transition from a medical model to the "Recovery" model of treatment to best meet the myriad of treatment needs of individuals. The Recovery Model is a stage model of intentional behavior change introduced in the early 1980s, and the major tenet of the model is focused on viewing behavior change as a series of predictable stages, independent of any particular model or theory. This model is considered a wellness model, thus it interprets an individual's lack of willingness to change not as resistance or denial, but a lack of readiness and/or motivation. Also, this model considers treatment setbacks not as failures but as a normal part of recovery and opportunities for learning. This model focuses on assisting individuals in generating energy for change. Recovery has been implemented throughout the hospital is incorporated into all facets of treatment.

While new to the area of forensic hospital treatment, Recovery does have a longstanding history of success within the substance abuse treatment area. It focuses on collaborative work between individuals and hospital staff to identify target behaviors for change and strategies to achieve the desired change results. Individuals will progress at their own rate and may be in different stages for different target behaviors.

The following treatment goals are common for all individuals served:

- ◆ Actively teach and support adaptive behavior and coping skills relevant to the requirements of the post-hospital setting.
- ◆ Promote individual self-esteem, self-actualization, independence, and self-care to maximize the patient's chances for successful adaptation to his expected discharge setting.
- ◆ Eliminate or reduce maladaptive behaviors which serve as barriers to discharge or impediments to successful post-discharge adaptation.

Multidisciplinary Wellness and Recovery Teams staff units. In all phases of treatment, psychologists assist in coordinating the professional efforts of psychiatric technicians, registered nurses, rehabilitation therapists, pharmacists, dietitians, social workers, and psychiatrists. The clinical psychology intern rotating through these treatment teams is expected to function as a team member, and will benefit by exposure to the range of clinical staff who participate as team members.

In addition to the treatment programs and units organized around commitment categories, a number of specialized programs and services exist to address the broad range of patient needs. Some of those, which may be of particular interest to interns, include:

- ◆ Adult Basic Education Programs
- ◆ Forensic Assessment and Consultation Services
- ◆ Multicultural Services
- ◆ Evaluation and Outcome Services
- ◆ Neuropsychological Assessment and Consultation
- ◆ Psychology Assessment Center
- ◆ Specialized Spanish Bilingual Units
- ◆ Community Living Skills Program
- ◆ Substance Abuse Treatment and Education
- ◆ Trial Competency Assessment
- ◆ Vocational Development Services

III. PREDOCTORAL INTERNSHIP PROGRAM

A. Program Training Model

The training model is best described as a practitioner-scholar model. The primary emphasis is on clinical training. Interns are encouraged to use empirically validated treatment methods. Although the primary emphasis is on clinical training and experience, the program is supported by didactics in seminars, tutorials, and

supervision. Additionally, Atascadero State Hospital is a provider of continuing education for psychologists and thus hosts several conferences and workshops each year. Interns are eligible to attend these events free of charge and are encouraged to do so.

Values and Principles

- ◆ Training practitioners with an empirical basis. The Psychology Internship Program values training interns to become practitioners with a strong empirical basis for their practice. Applicable research provides that empirical basis. Some examples of utilizing research for practice are found in relapse prevention, recovery, skills training, behavioral assessment and treatment, risk assessment and management, and use of the Hare Psychopathy Checklist - Revised. The training involves understanding, interpreting, and applying empirically based assessment and treatment methods. This training is accomplished through seminars, tutorials, workshops, clinical supervision and a variety of clinical experiences.
- ◆ State-of-the-art forensic training. A major emphasis of the program involves training in state-of-the-art forensic psychology issues and methods. This training addresses issues of personal and community safety, expert testimony, risk assessment and risk management, forensic evaluation, interaction with the criminal justice system, the role of psychology within the legal system, basic law and legal commitments, and treatment of offenders.
- ◆ Individual Differences and Diversity. The training emphasizes the use of a wide range of assessment and treatment modalities that address each individual client as unique. Throughout all of their training activities, interns are reminded and encouraged to pay special attention to individual and cultural differences.
- ◆ Broad-based training. While the training has an emphasis on forensic psychology, seminars and tutorials enrich and broaden the experience
- ◆ Critical thinking skills. Interns are taught critical thinking methods to assess clinical situations and apply appropriate assessment and treatment methods. This skill is essential in transferring skills or competencies to various treatment environments.
- ◆ Well-rounded professionals. The program trains interns to function as complete professionals who can function effectively in a variety of job settings. To this end, the program provides training and/or experience in ethics, the professional as an administrator, and professional advocacy. The

intern will learn about issues arising in large systems. S/he learns how to work within a large bureaucracy, to work with an interdisciplinary team, and to interface with other large systems such as the judicial and correctional systems.

- ♦ Collegiality and respect. The program values professional collegiality and respect among staff and interns. The primary role of the intern is that of trainee rather than service provider.

Mission Statement

The mission of the Internship Program is intended to function in accordance with the regulations and standards of the State of California, the Department of Mental Health, Atascadero State Hospital, and the American Psychological Association.

The mission of Atascadero State Hospital is threefold: Protection, Recovery, and Evaluation.

- A. Protection: In emphasizing public safety, we provide a secure environment within which individuals referred to our care can recover from the effects of their psychiatric conditions. This secure environment protects the community as well as the people within the hospital and enables and supports the therapeutic milieu.
- B. Recovery: We provide up-to-date treatment and rehabilitation services to the individuals in our care and ensure that community standards of practice and care are provided in our facility. We recognize that recovery is most effectively achieved when services are person oriented, empirically based, and arise out of a diverse theoretical and multidisciplinary foundation.
- C. Evaluation: We provide consumer-specific objective evaluations and recommendations to the courts and other agencies using the most up-to-date instruments and risk assessment models.

The mission of the Psychology Internship Program at Atascadero State Hospital is to provide...

- ♦ State-of-the-art clinical training in assessment and treatment.
- ♦ Specialized training in forensics addressing the unique issues of forensic patients and providing interns with specialized skills or competencies in forensic psychology.
- ♦ High quality supervision to assist interns in their development as competent and effective professional psychologists.

- ◆ Professional development to assist interns in becoming well-rounded professionals who will be able to function competently and effectively in a variety of work settings.

Goals and Objectives

- ◆ To provide training and experiences in working with a variety of disorders and diagnoses.
- ◆ To provide rich clinical training and experience in psychological assessment.
- ◆ To provide specialized training and experience in forensic psychology.
- ◆ To promote competency in treating and assessing patients/clients with respect to cultural and individual differences.
- ◆ To provide training and experience in professional issues related to the practice of psychologists within a large institution.
- ◆ To promote professional collegiality and respect.
- ◆ To select qualified and diverse interns.
- ◆ To maintain a pool of highly competent supervisors.
- ◆ To maintain accreditation from APA and membership in AAPIC.

Expected Core Competencies

It is expected that by the end of the internship training year, interns will develop various levels of proficiency in many, if not most, of the following areas:

- ◆ Individual treatment and assessment of mentally ill and forensic patients
- ◆ Group treatment with mentally ill and forensic patients
- ◆ Assessment and Treatment of culturally and individually diverse patients
- ◆ Behavioral analysis and treatment planning
- ◆ Knowledge of recovery model treatment methods
- ◆ Knowledge of forensic issues
- ◆ Psychological evaluation
- ◆ Forensic evaluation
- ◆ Expert testimony
- ◆ Hare Psychopathy Checklist – Revised/Forensic Risk Assessment
- ◆ Report writing
- ◆ Knowledge of professional issues
- ◆ Working within a multidisciplinary team
- ◆ Effective Use of Supervision
- ◆ Ability to integrate research with practice

Program Resources

- ◆ Staff: The hospital employs approximately 85 doctoral level psychologists from which preceptors, supervisors, seminar leaders and presenters and tutorial leaders are drawn. Please refer to the list of staff psychologists in the back of this brochure for a list of available supervisors and their areas of interest. The position of Psychology Internship Director is a permanent civil service position.
- ◆ Funding: Four intern positions are funded as Clinical Psychology Interns. The hospital's training budget provides APA and APPIC membership fees.
- ◆ Equipment: Office space, intern computers, the hospital's assessment center and professional library, and other necessary resources are provided for interns commensurate with the resources provided to staff psychologists.

Processes

The mission of the program is accomplished in the following ways

- ◆ Clinical training: Training experiences are provided via
 - A three-and-a-half month, full time rotation on an admissions unit which focuses on psychological assessment of mentally ill forensic patients
 - Two four-month 3-day-a-week rotations on treatment units
 - An eight-month 12-hour-a-week rotation on the Forensic Services Team
 - Three hours of seminars each week
- ◆ Forensic Specialization: The internship takes place at Atascadero State Hospital, a forensic psychiatric facility. Each of the seminars covers issues related to forensic patients. The forensic seminar focuses entirely on forensic evaluations and issues related uniquely to forensic environments. The forensic services rotation will provide an opportunity to hone forensic interviewing and forensic report writing skills as well as provide an introduction to forensic expert testimony.
- ◆ Supervision: Licensed psychologists who are qualified according to state licensing requirements provide supervision. Licensed professionals from other disciplines such as psychiatry and social work occasionally provide additional supervision. A minimum of four hours per week of face-to-face supervision is provided. At least two hours of supervision (frequently more) are provided on an individual basis. The remaining supervision hours are

provided on a group basis. Interns generally receive more than the required four hours of supervision per week.

- ◆ Professional development: Beyond the traditional training and experience in treatment and assessment, interns are provided training and experience on a variety of topics in seminars, workshops and supervision to assist their development as well-rounded professionals. Interns present a one hour seminar to the Department of Psychology about their dissertation research or another area of clinical interest. The presence of a large staff of psychologists provides ample exposure to a variety of professionals in the field allowing the intern to develop his or her unique professional identity.

Policy

The training mission of the internship program is accomplished with adherence to the following policies:

- ◆ APA and Guidelines and Principles for accreditation
- ◆ APPIC membership requirements
- ◆ APPIC guidelines for intern selection
- ◆ ASH Internship Policy
- ◆ ASH Hospital Operating Manual

Quality Control

Quality control is maintained in several ways. It is monitored by regular and systematic evaluation of intern performance and programmatic evaluation. Staff are encouraged to provide ongoing evaluation and feedback to interns and to identify and address problems and concerns as early as possible during the internship year. The major quality control components of the program include the following:

Evaluation of intern performance

- ◆ Triannual written evaluations by supervisors/didactic leaders
- ◆ Panel reviews of intern psychological evaluations (three times per training year)
- ◆ Presentations in seminars
- ◆ Mock trial in forensic seminar
- ◆ Evaluations of intern performance at six and twelve months (Internship Director, Intern, Preceptor, Rotation Supervisor, and the next Rotation Supervisor meet as a group) with written feedback to the intern and the intern's graduate program.
- ◆ Monthly supervisors meetings for all preceptors and rotation supervisors

- ◆ Ongoing evaluation in individual and group supervision sessions

Programmatic evaluation

- ◆ Survey of intern alumni
- ◆ Written evaluations by interns at six and twelve months
- ◆ Annual written evaluations by psychologists working with the internship program
- ◆ Annual review meeting open to all psychologists and interns
- ◆ Monthly Internship Committee meetings
- ◆ APA annual reports and periodic site visits

B. Intern Activities

Interns can expect to spend approximately 25% of their time conducting group and individual psychotherapy, 35% in psychological assessment and report writing, 10% in seminars, 20% in professional activities (i.e. consulting with staff, attending professional and treatment team meetings), and 10% in supervision. The training program is structured yet allows the intern flexibility to participate in activities designed to meet individual needs and training goals. Interns are actively involved in designing their unique training experiences.

Orientation

The first three weeks of training are set aside for orientation to the hospital, meeting with each of the psychologists, selecting a preceptor (primary supervisor for the year), rotation supervisor, and establishing goals for the year. The intern then begins the initial rotation on an admissions unit.

Rotations

The intern will complete an initial three-and-a-half month full time rotation on an admissions unit, where they will be involved in conducting standardized admissions evaluations on patients new to the facility and follow up focused psychological evaluations as indicated. They will then participate in 2 four-month rotations on selected treatment units. The intern will spend three days per week on the unit to which he or she is assigned, and will participate in most of the activities taking place. The psychology intern plays a significant role in diagnosis, treatment, and disposition recommendations as they work with the treatment team. In group therapy, the intern usually works with a co-therapist and has exposure to various therapeutic modalities. Although the intern rotates through treatment units, it is expected that he or she will carry several long-term therapy cases over the course of the year as well as other short-term cases. The intern spends a portion of time consulting with unit staff and assists in varied facets of patient treatment and evaluation. While completing the two unit rotations on treatment units, interns will also have a 12-hour-per-week Rotation with the Forensic Services Department. As

a part of the Forensic Services Rotation the intern will have the opportunity to participate in local hearings to determine whether a patient meets legal criteria for involuntary medications; conduct forensic interviews and shadow the forensic process, write practice forensic reports and attend court trials for hospitalized individuals.

Psychological Evaluations

The patient population at Atascadero State Hospital provides a unique training experience in psychological and forensic evaluation. The intern conducts evaluations of the psychological, social, and behavioral factors involved in criminal offending and may assess change in those factors over the course of therapy. Since the courts commonly request evaluation reports, psychologists are charged with writing these forensic reports and are often subpoenaed to testify in court. While it is extremely rare that an intern would be called to testify in court, the intern frequently observes the psychologist in this role.

During the year, the intern will complete a minimum of 12 evaluations. Psychologists are charged with evaluating patients for clarifying diagnoses, making treatment recommendations, assessing for change, or making dispositional recommendations. During the year, the intern completes a minimum of twelve evaluations as follows:

- ◆ Six integrated psychological assessments involving psychological testing
- ◆ One competency to stand trial forensic report
- ◆ Three Mentally Disordered Offender forensic, court reports
- ◆ One Psychopathy Checklist-Revised report
- ◆ One behavioral analysis "behavior guideline" and written behavioral treatment plan

Each evaluation completed by the intern is closely supervised by various psychologists; thus, exposing the intern to a variety of individual orientations and styles. It is expected that by the completion of the internship, the intern will be facile with a number of psychodiagnostic instruments and will be able to effectively communicate findings and recommendations to other professionals as well as the patient.

Seminars

Interns are expected to participate in seminars. The seminars are didactic-experiential and provide some supervised clinical experience. The seminars include:

- ◆ Individual Differences and Diversity: This seminar is designed to further develop skills in the provision of psychological services with specialized attention devoted to diversity issues. The seminar is in part didactic with

review of the literature and theoretical frameworks while also involving some supervision clinical services to patients with an emphasis on individuals dealing with issues of diversity.

- ◆ Psychopathy Checklist Revised (PCL-R)/Risk Assessment: Interns are trained in the administration and scoring of the PCL-R and other risk assessment issues and measures.
- ◆ Forensic: The forensic seminar addresses a broad range of psycho-legal issues encountered at ASH. The relevant empirical research, ethical principles, laws and evaluation procedures will be reviewed. Fact-based case studies and expert testimony will be presented by interns to professional staff. Psychologists will offer suggestions on clinical techniques in order to increase the interns' effectiveness of communicating psychological evaluation results to the legal system.
- ◆ Ethics and Scientific Practice: This seminar is designed to review ethical standards in the context of work at the hospital and to explore the current literature in regards to empirically validated treatments and treatment issues relevant for hospital and forensic practice.
- ◆ Professional Issues: This seminar is designed to cover a range of topics to help prepare the intern for working in a variety of job settings. Selected topics include such areas as becoming an administrator, supervision skills, surviving the bureaucracy, ethical issues, professional advocacy, employment opportunities for forensic psychologists, suicide assessment, developing a private practice, ABPP certification and licensing requirements/exam preparation.

Tutorials

In addition to the seminars, the intern is required to participate in a minimum of two tutorials. A tutorial involves independent study on the part of the intern with a professional staff member on a selected topic. This structured learning experience allows the intern to explore a wider range or depth of topics in which s/he is interested and may not encounter in his or her other training experiences. Tutorials are jointly designed by the intern, preceptor, and tutorial leader. Some of the possible topics include (but are not limited to) the following:

- ◆ Assessment of dangerousness
- ◆ Behavioral analysis and intervention
- ◆ Behavioral research
- ◆ Critical Incident Debriefing
- ◆ Expert testimony

- ◆ Hospital administration
- ◆ Program evaluation
- ◆ Research
- ◆ Substance Abuse Treatment
- ◆ Treatment of sexual offenders
- ◆ Neuropsychological evaluation *

** brief experience in neuropsychology. Does not constitute a neuropsychology specialty internship nor provide preparation for postdoctoral residencies in neuropsychology.*

Research

All interns present a one hour colloquium to hospital staff on their dissertation or another area of clinical research. Interns may participate in research or ongoing program evaluation. They may generate ideas for new research; however, because of the lengthy review process, it is typically not be feasible to propose and complete a project within the training year. Opportunities for interns to conduct research at the hospital are quite limited. Interns desiring to conduct research at the hospital will be required to submit proposals for review by the Hospital Research and Human Subjects Committee and by the State Committee for the Protection of Human Subjects. Since this process tends to be prohibitively lengthy, interns who wish to be involved with research would typically choose to join staff psychologists on existing projects.

Training in Individual Differences and Diversity

Training in understanding cultural and individual differences is considered an integral part of the internship program. The patient population consists of patients who differ in age, ethnicity, culture, sexual orientation, diagnosis, religious preference, etc. Psychologists and interns are encouraged to consider individual differences in all aspects of their work with patients. All interns participate in the Individual Differences and Diversity Seminar.

Supervision

Interns benefit from having a number of supervisors. At the outset of training, the intern, in conjunction with the internship director, selects a preceptor from among the list of psychologists. The preceptor serves as a supervisor and mentor and works with the intern for the entire internship year and is responsible, along with the Internship Director, for overseeing the intern's entire training program. The intern plays an active role in selecting his/her treatment unit rotations. The psychologists on the intern's admission and treatment unit rotations supervise the intern's clinical activities on the unit. The preceptor and rotation supervisor each meet with the intern for a minimum of one hour of supervision each week. Additional supervision is provided as part of the intern's participation in the forensic rotation, the seminars, and tutorials.

The internship recognizes the benefit of personal psychotherapy for all psychology trainees. We support the decision to seek therapy as a personal one. The program rarely requires interns to engage in personal therapy. Nonetheless, some interns do find it helpful to volunteer personal information in supervision when discussing counter-transference issues. Disclosure of personal information or personal therapy is only required when it is needed to evaluate or obtain assistance for an intern whose personal problems are preventing the intern from performing professional activities competently or whose problems are posing a threat to the intern or others.

C. Facility Resources

Interns have a shared office in the hospital and typically share office space on the rotations with their supervisor or other professional staff. Office space within the secure area is limited and thus varies from unit to unit. Interns have access to computers for report writing and other work in their office and also access to other computers within the secure areas of the hospital. Interns have use of the hospital voicemail system. The Logan Professional Library is a valuable resource for interns for clinical research. If the library does not carry the desired material, at times, it can be obtained by the library through the interlibrary loan system. The Administrative professional assigned to the department arranges for computer permissions and processes intern's pay. The hospital's personnel department manages all employee benefits for interns as well as psychologists.

D. Psychology Department

The intern is a member of the Psychology Department which is part of the Medical Staff. The Chief of Psychology and the elected Chair lead the Department. Peer review, credentialing, and privileging are all operational to assure that high quality psychology services are provided to hospital patients. The intern attends Psychology Department meetings. The intern may also attend open Internship Committee meetings. Psychologists serve on Medical Staff and other hospital committees which are vital to patient care. Such committees include Professional Education, Credentials, Health Information Management, Wellness, Bylaws, Mortality Review, Research and Human Subjects.

E. Training and Professional Development

Atascadero State Hospital also serves as a clinical training facility for nursing, social work, and rehabilitation therapy students. The School of Psychiatric Technology prepares Psychiatric Technicians in a one-year training program. The hospital also operates a Police Academy to train its security personnel. The hospital provides Continuing Education for Psychologists as well as other disciplines represented in the hospital. Several full and half day workshops are sponsored each year by the

Psychology Department. Regular colloquia and case conferences provide lectures on a range of forensic and mental health topics. A closed-circuit television broadcast system is available for the purpose of providing training and professional education programs to staff and patients. Interns are encouraged to take part in training and learning opportunities offered in the community and the state and attendance at regional and national psychology conferences held in California is encouraged. Field trips to other forensic facilities are available as well. In recent years, interns have toured the California Men's Colony (a lower security prison), Corcoran State Prison (a high security prison) and Valley State Prison (a correctional facility for women) and the Lompoc Federal Correctional Facility.

Please refer to the back of this brochure for a sample listing of workshops and colloquia offered over the past few years.

IV. APPLICATION AND SELECTION

A. Admission Criteria

Pre-doctoral internships are offered for, fourth, and fifth year students enrolled in accredited doctoral programs in clinical or counseling psychology who have completed course work and doctoral level clinical practica in intervention (minimum 600 doctoral level hours) and assessment (minimum 200 doctoral level hours). Intern applicants are required to have their qualifying examinations complete and dissertation proposals approved prior to application and must have their dissertations completed prior to the start of internship. Enrollment in an APA accredited program is strongly preferred.

The internship is designed for the student seeking forensic training within a program that provides a broad-based clinical training experience. Some experience in forensic psychology is necessary.

B. Applications and Intern Selection

All application information is included in this brochure which can also be found on the hospital's web site:

(www.dmh.cahwnet.gov/services_and_programs/state_hospitals/Atascadero).

Questions may be directed to the Internship Director by phone or e-mail.

Applications must include:

- 1) The APPI online application which can be found at: www.appic.org
- 2) Supplemental materials including:

- A sample de-identified integrated evaluation report including psychological testing and interpretation.
- **Page one** of the California State Application, <http://www.spb.ca.gov/std678.pdf>

Completed applications must be received by the Internship Director by **November 1st** of the year prior to the year the internship is to begin. Atascadero State Hospital is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). As an APPIC member, the training program observes the guidelines regarding timing of internship offers and acceptance adopted by APPIC. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant prior to Match day. The APPIC application for Psychology Internship and the APPIC Match Program Policies and Procedures can be found on the internet at www.appic.org. **Incomplete applications and applications that do not document the minimum hours of assessment (200 hours) and intervention (600 hours) experience will not be reviewed.**

In recent years, approximately 100 applications have been received for the internship positions. Approximately twenty of those applicants are invited to interview. All efforts will be made to notify applicants regarding their interview status by December 15, by e-mail. Applicants may select one of three interview dates scheduled on Friday afternoons in January. While a personal interview is preferred, those unable to attend a personal interview may arrange for a telephone interview.

Atascadero State Hospital is an equal opportunity employer. With a culturally diverse patient population, the hospital is seeking psychologists and interns with the education, training and background to work with that population.

C. Appointments

At the present time, four funded pre-doctoral intern positions exist with the stipend of \$40,260 (\$3355 monthly gross, approximately \$2300 monthly net) for the year. Appointments are made to the Civil Service classification of Clinical Psychology Intern. The internship typically begins the first Monday in August. Benefits include holidays, sick leave, vacation, Employee Assistance Program benefits and health insurance. **Interns must successfully complete/pass the required security clearance, health screening, and drug screening prior to being employed.**

V. GEOGRAPHICAL INFORMATION

Atascadero State Hospital is situated on the Central Coast of California in a semi-mountainous and forested area just a few miles east of the coastal range. A wide variety of scenic, sporting, and entertainment activities are within easy reach. San Francisco and Los Angeles are each about 225 miles away; four hours driving time from Atascadero. San Luis Obispo, 16 miles south, is a community of 40,000 and is the major shopping area of the county and the location of many musical and cultural events throughout the year at California Polytechnic State University and its Performing Arts Center. Ten miles south of San Luis Obispo are Avila Beach and Pismo Beach, which offer the best swimming beaches on the Central Coast. Twenty miles west of Atascadero are Morro Bay and Hearst Castle at San Simeon. Continuing northward is the beautiful Highway 1 coastal route to Carmel-Monterey, which has some of the most scenic vistas in California.

The weather offers three different climates in the region. Coastal areas such as Morro Bay have moderate temperatures with daytime temperatures ranging from around 50-80 degrees over the year. San Luis Obispo's daytime temperature range is around 45-85 degrees, while Atascadero daytime temperatures are more variable with a range of about 25-100 degrees over the year.

VI. CONTACT INFORMATION

For further information please contact:

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Atascadero State Hospital's web site (includes this Internship Brochure and a letter from the Internship Director):

www.dmh.cahwnet.gov/services_and_programs/state_hospitals/Atascadero

To request an Applicant Agreement Package for the APPIC matching program contact:

www.natmatch.com/psychint

To request an APPIC Application for Psychology Internship (AAPI) contact:

www.appic.org

APPIC Internship Matching Program code number for Atascadero State Hospital:
111311

VII. INTERNS and PRIOR INTERNS

2011-2012 PSYCHOLOGY INTERNS

Marsha Brown
Amanda Ferguson
Danielle Rynczak
Melinda Wolbransky

John Jay College of Criminal Justice, New York
Pacific Graduate School of Psychology
Chicago School of Professional Psychology
Drexel University

2010-2011 PSYCHOLOGY INTERNS

Elizabeth Arias
Nicole Cooper
Ruhama Hendel
Kerri Schutz

John Jay College of Criminal Justice, New York
Azusa Pacific University, California
Nova Southeastern University , Florida
Pepperdine University , California

2009-2010 PSYCHOLOGY INTERNS

Joseph Morrow
Christie Nelson
Lauren Gudonis
Julia Wang

Loma Linda University, California
Forrest Institute, Missouri
University of Kentucky
University of Detroit Mercy

2008-2009 PSYCHOLOGY INTERNS

Sara Batalha
Marie Bell
Kyle Goodwin
Christina O'Sullivan

American School of Professional Psychology, Hawaii
University of Maryland
Florida Institute of Technology
Pacific Graduate School of Psychology, California

2007-2008 PSYCHOLOGY INTERNS

Shannon Erickson
Kevin Perry
Jeffrey Prestler

University of Arkansas
Sam Houston State University, Texas
Chicago School of Professional Psychology

2006-2007 PSYCHOLOGY INTERNS

Natalie Bellman
Julia Friend
Kim Harrison

University of Rhode Island
Chicago School of Professional Psychology
University of North Texas

2005-2006 PSYCHOLOGY INTERNS

Amanda MacKinnon
Brandi Mathews
Timothy Nastasi

Argosy University, Washington DC Campus
Forest Institute, Missouri
Pacific University, Oregon

VIII. PSYCHOLOGY STAFF AND AREAS OF INTEREST

* Those psychologists qualified by California State law to provide supervision are identified with an asterisk "*" preceding their names.

* Henry Ahlstrom, Ph.D.

Alliant International University- San Diego, 1994.

Maharishi University of Management, 1991.

Individual psychotherapy, Experiential Psychotherapy, Trauma, Spirituality, Stress Management.

* Jan-Marie Alarcón, Ph.D.

Rosemead School of Psychology, Biola University, 1991

Clinical psychology; Wellness and Recovery Planning

Brad, Barcklay, Psy.D.

Argosy University-Washington, D.C., 2009

Cognitive-Behavioral Therapy, Treatment of Severe Mental Disorders, Cognitive Assessment, Personality Assessment, Forensic Assessment, Neuropsychological Assessment, Violence and Risk Assessment, Research on correlations between Severe Mental Disorder and Violence

Sara, Batalha, Psy.D.

Argosy University- Honolulu

Forensic Evaluations, Malingering, Trial Incompetent Population

* Marie Bell, Ph.D.

University of Maryland, Baltimore County, 2009

Personality disorders, substance abuse, Cognitive Behavioral Therapy, forensic evaluations, research and statistics

* Edward C. Bischof, Ph.D., Senior Psychologist Supervisor

Indiana State University, 1979

Analytic Psychotherapy, Family Therapy, Developmental Psychology

* Leslie Bolin, Ph.D., Senior Psychologist, Neuropsychologist

University of Nevada-Reno, 1995

Neuropsychology; geropsychology

* Adam Brotman, Psy.D., Senior Psychologist Specialist

Pacific University School of Professional Psychology, Oregon, 2008

Psychology of religion and spirituality; personality and cognitive assessment; mindfulness-based interventions; relationship issues, Motivational Interviewing

Douglas Cacalli, Ph.D.
University of Nebraska-Lincoln, 2010
Forensic Psychology, Neuropsychology, Threat Assessment, Computer Modeling of Behaviors

Courtney Carman, Psy.D.
Alliant International University-Los Angeles, 2010
Assessment testing, malingering, CBT, mindfulness/relaxation interventions

*Tzu-Cheng Chen, Psy.D.
Phillips Graduate Institute, California, 2009
Diversity issues; humanistic and dynamically oriented psychotherapy; psychological assessment.

Kavita Kishore Chowdhary, Ph.D.
University of Massachusetts - Amherst, Postdoctoral Respecialization, 2010
Psychological Assessment, Violence Risk Assessment, Cognitive Rehabilitation, Gender Identity Development.

*Monty Clouse, Ph.D., Senior Psychologist Supervisor
Wright Institute Los Angeles, 1983
Object Relations Theory and Psychotherapy, Sociotechnical Analysis of Organizational Design and Development, Adaptation to Traumatic Physical Injury/Illness, Personality Disorders, Therapeutic Design of Psychiatric Hospitals, Disaster/Emergency Mental Health, and Comprehensive Psychosocial Emergency Management.

Jason Cohen, Psy.D.
American School of Professional Psychology-Washington, DC, 2008
Clinical Interests: Malingering, Violence Risk Assessment, Interrogation, Behavioral correlates associated with deception

*Karen Cooper, Ph.D.
Carlos Albizu University, Miami, Florida
Correctional Psychology, Female Offender Issues

Arlene Cruz, Psy.D.
Pepperdine University, 2009
Analytic psychotherapy, Substance Abuse Treatment, multicultural issues, learning disorders and mindfulness-based techniques.

* Sona Davenport , Ph.D.
Pacific Graduate School of Psychology, 2000

Treatment of severely mentally ill; competency to stand trial evaluations and restoration; cognitive-behavioral therapy; individual and group therapies.

* Joe DeBruin, Ph.D.,

Seattle Pacific University, 2006

Forensic evaluation, expert testimony, cognitive behavioral psychotherapy,

* Arron Dehod, Ph.D.

California School of Professional Psychology-Fresno, 2005

Brief Cognitive Behavioral Therapy with College population, Integrative approaches to the treatment of mental illness

* Cindy Duke, Psy.D.

Pepperdine University, 1998

Clinical Neuropsychology, Cognitive Behavioral Treatment, Behavior Therapy, Marriage and Family Therapy

* Rachel L. Duros, Ph.D.

Nova Southeastern University, 2008

Forensic, multicultural issues, Posttraumatic Stress, integrative treatment approach (Cognitive-Behavioral/ Object Relations / Positive Psychology)

* John Eibl, Ed.D

Indiana University, 1968

Group processes; MDO law; supervision; crisis management; cognitive-behavioral intervention/psychotherapy

* Teresa M. George, Ph.D., Senior Psychologist Supervisor

Arizona State University, 1992

Supervision; MDO law; treatment of mentally disordered offenders; violence risk assessment, group and individual psychotherapy

* Beth Gier, Ph.D.

Purdue University, 1999

Cognitive-behavioral therapy; client-centered focus; treatment issues with severe mental illness; MDO law and competency issues

Pilar Gonzales, Ph.D.

Temple University, 2008

Crisis intervention, sexual trauma, couples and family therapy, adherence to treatment, career counseling and corrections

Jamie Green, Psy.D.

Minnesota School of Professional Psychology at Argosy University-Twin Cities, 2010
Psychiatric Emergencies, Risk Assessment, Detection of Malingering, Assessment of Sexual Offenders

* Michaela Heinze, Ph.D.

Ohio University, 1994

Forensic and neuropsychological assessment; trial competency; behavioral medicine & health psychology

* Matthew Hennessy, Psy.D.; Senior Psychologist, Treatment Mall Director

University of Denver, Graduate School of Professional Psychology, 1999

Sex offender assessment and treatment; relapse prevention; Cognitive-Behavioral Therapy, Psychiatric Rehabilitation and the Recovery Model

* Daryl Herzog-Perez, Ph.D.

California School of Professional Psychology-San Diego, 1976

Relapse prevention, cognitive-behavioral therapy

* Deborah Hewitt, Ph.D., Senior Psychologist Specialist

Fuller School of Psychology, 1990

Behavioral Medicine, Positive Behavioral Support, Bereavement, DBT

* Bettina Hodel, Ph.D., Developmental and Cognitive Abilities Team Leader

University of Bern, 1993

Dementia, Mental Retardation, Brain Injury Rehabilitation, Severe and Persistent Mental Illness

* Diane Imrem, Psy.D., Chief, Department of Psychology

Illinois School of Professional Psychology, 1984

Experiential psychotherapy; cognitive-behavioral therapy; relapse prevention; crisis intervention; treatment of sex offenders; recovery model

* Lindsay Josvai, Ph.D.

Alliant International University, 2008

Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Competency, Malingering and Neuropsychological Assessment, Adolescent Forensic Evaluations, expert testimony research, general statistics and research design

* Don Johnson, Ph.D.

University of Oklahoma, 1993

Dialectical Behavior Therapy, Motivational Interviewing, Cognitive Behavioral Therapy, brief therapy, statistics and research design

*Michael Knapp, Ph.D.

University of Montana, 1982

Forensic Evaluation, Sex Offender Treatment, Cognitive Behavior Therapy

* William R. Knowlton, Ph.D.; Senior Psychologist Supervisor

Washington State University, 1972

Evolutionary psychology; treatment of personality disorders; forensic psychology

Ana Kodzic, Ph.D.

California School of Professional Psychology, Alliant University-San Francisco, 2009

Severe Mental Illness, Recidivism, Cultural Competence

* Phylissa Kwartner, Ph.D., Forensic Services

Sam Houston State University, 2007

Violence Risk Assessment and communication to legal decision makers, Detection of Malingering, Expert Witness Testimony, and Cognitive-Behavioral Therapy

Ruth Lever, Ph.D.

Pacifica Graduate Institute, 2006

Forensic Psychology, including Mentally Disordered Offenders, psychopathy, and risk assessments; Dialectical Behavior Therapy, Cognitive-Behavioral Therapy, Multicultural Concerns in Treatment; Spiritual Integration in Treatment; Health Psychology; Group Psychotherapy; Psychodynamic Therapy (Object Relations, Self- Psychology); Gender Related Treatment; Developmental Psychology; Psychiatric Rehabilitation and the Recovery Model; and Mindfulness Based Interventions.

*Yen-Ling Liu, Psy.D.

Illinois School of Professional Psychology, 2008

Psychological assessment/treatment, psychotherapy

*Kirsten Lowry, Ph.D.

University of Nevada, Reno, August 2008

Individual psychotherapy, Behavior Therapy, Emotion Regulation Theory, Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT), Functional Analytic Psychotherapy (FAP), Family Systems Theories

* Amanda MacKinnon, Psy.D., Senior Psychologist Supervisor

Argosy University-Washington DC campus, 2006

Forensic evaluations of Mentally Disordered Offenders (PC2962) and patients admitted under Not Guilty by Reason of Insanity (PC1026); Expert testimony; Supervision of psychology interns on Forensic Rotation; Violence risk assessment, malingering evaluations, teaching of forensic issues across commitment type to new employees.

* Benny R. Martin, Ph.D.

University of California, Santa Barbara, 2004

Dialectical Behavior Therapy, Cognitive Behavioral Therapy, Multicultural Supervision and Training, Personality Disorders, Motivational Interviewing, Post-traumatic Stress disorder and Substance Abuse Treatment utilizing Seeking Safety Protocol

* Jennifer Marx, Psy.D.

Loyola College, 2008

Psychological Assessment, Malingering Evaluation, Risk Assessment, Competency to Stand Trial

* Brandi Mathews, Psy.D.

Forest Institute of Professional Psychology, 2006

Detection of Malingering; Personality Assessment; Mental Health Law; Mentally Disordered Offender Forensic Evaluations; Expert Testimony

*Christine Mathiesen, Psy.D., ABPP(CN); Director, Centralized Psychological Assessment Services

University of Hartford, 2000

Clinical neuropsychology; cognitive training/rehabilitation; PTSD; meditation; DBT.

David Moreno, Psy.D.

Argosy University-Phoenix Arizona Campus, 2006

Assessment and Treatment of Victims of Trauma/PTSD, Motivational Interviewing, Cognitive Behavioral Therapy, Family Therapy, Behavior Modification, Men and Masculinity, Treatment of Mentally Disordered Offenders, Competency to Stand Trial

* Richard E. Morey, Ph.D., Senior Psychologist Supervisor

Colorado State University, 1990

Psychological assessment/treatment; staff development; religious issues in therapy

Joseph Morrow, Psy.D.

Loma Linda University, 2010

Attachment Theory, Individual therapy aimed at violence reduction, and trauma.

* Jessica Mosich, Ph.D.

California School of Professional Psychology- San Diego, 2006

Health Psychology, Cognitive Rehabilitation after Spinal Cord and Traumatic Brain Injuries

Paul Murdock, Psy.D.

Indiana State University, 2009

PTSD, Sexual Addictions, Interpersonal Therapy, Personality Assessment

* Timothy Nastasi, Psy.D.

Pacific University, 2006

Forensic evaluations (Mentally Disordered Offender; NGI; trial competency); treatment for Schizophrenia; existential psychotherapy; phenomenological research methods.

Christie Nelson, Psy.D.

Forest Institute of Professional Psychology, 2010

Competency to stand trial (evaluation and treatment), detection of malingering, forensic case law, correctional psychology, offender re-entry

* Jill Nelson, Ph.D.

University of New Mexico, 1994

Forensic assessment; psychopathy; sex offender assessment and treatment; sexually violent predator evaluation.

* Makoto Ono, Ph.D. (Neuropsychologist)

Fuller Graduate School of Psychology, 2005

Neuropsychology, Geropsychology, Rehabilitation Psychology, Cognitive Remediation, TBI, CVA, Dementia

Kevin Perry, Ph.D.

Sam Houston State University, 2008

Forensic assessment; expert testimony ; existential psychology; empirically supported treatments

David Peters, Psy.D.

School of Professional Psychology, Pacific University, Oregon, 2006

Psychological assessment, group psychotherapy

* Peter Pretkel, Psy.D.

The Wright Institute, Berkeley, 2008

Psychodynamic psychotherapy, group psychotherapy, personality assessment, serious mental illness

Carrie Profitt, Ph.D.

Indiana State University, 2003

Cognitive-behavioral therapy, family therapy, couples counseling, grief and loss issues, supervision, group psychotherapy and a specialty in the area of eating disorder treatment and prevention.

Tamara Rausch, Psy.D.

American School of Professional Psychology at Argosy University, San Francisco 2008

Assessment, personality disorders, trauma, object relations, psychoanalytic theory and therapy

*Filomena Rebelo, Ph.D.
University of Cincinnati, 1999
Psychotherapy

* Gary Renzaglia, Ph.D., Senior Psychologist Supervisor
University of Wisconsin, Madison, 1982
Recovery Services

* Killorin Riddell, Ph.D., Coordinator of Psychology Specialist Services
California School of Professional Psychology-Los Angeles, 1990
Object Relations, Psychoanalytic Therapy, American Red Cross Disaster Mental Health Responder

* Emily Rosten, Ph.D., Internship Director
State University of New York State-Albany, 1990
Forensic psychology, rehabilitation psychology; deafness; relationship issues; lifespan development and career counseling

Holly Schneider, PsyD
The Wright Institute, Berkeley, CA 2009
Psychoanalytic psychotherapy, geropsychology

* Raymond Scott, Ph.D.
University of Tulsa, 1996
Narrative/ecological psychotherapy, schizophrenia and social competence; masculinity; gender, sexuality, and psychological trauma; spirituality and psychological recovery; infusing cultural, ethnic, and sexual minority psychologies into mainstream and forensic psychology; and diversity and multicultural competence.

*Lucas Shaw, Ph.D.
Texas Tech University, 2008
Forensic Assessment and Treatment

* Wm Michael Tandy, Ph.D., Senior Supervising Psychologist
Seattle Pacific University in Clinical Psychology, 2007
Organizational Psychology, Behavioral Analysis, Dialectical Behavior Therapy

Babak Tehrani, Ph.D.
American School of Professional Psychology-Orange, 2009

ADHD Testing and Treatment; Psychological Assessment; Neuropsychology, Diversity and Multicultural Competence; Detection of Malingering; Group and Individual Psychotherapy; Supervision and Consultation.

* Stacy Thacker, Ph.D.

Colorado State University, 1997

Risk Assessment of Life-term inmates; training and supervision; Mentally Disordered Offenders; forensic evaluations; expert testimony; behavioral intervention; detection of malingering

* Dianne Walker, Ph.D.

Brigham Young University, 1982

Psychodynamic psychotherapy; group psychotherapy; personality assessment; adult survivors of dysfunctional families and abuse

Stephanie Walker, Psy.D.

Chicago School of Professional Psychology, 2006

Forensic evaluation and treatment, severe mental illness, group psychotherapy, crisis intervention, mindfulness techniques

*Angela West, Ph.D.

Central Michigan University, 2008

Sex Offender Assessment and Treatment, Mindfulness Interventions

Krista Wild, Ph.D., Senior Psychologist, Neuropsychologist

Georgia State University, 2007

Clinical neuropsychology, medical psychology, cognitive rehabilitation, assessing effort/symptom validity, diversity and multicultural competence

Helen Wood, Psy.D.

Alliant International University- San Francisco, 2009

Trauma, PTSD, prevention of secondary trauma, grief and loss, substance abuse, health psychology

*Brandon Yakush, PsyD

Loma Linda University, 2006

Forensic evaluations, including Mentally Disordered Offenders, Competency to Stand Trial/Restoration of Competency, and Mental Status at the Time of the Offense, and Personality/Psychodiagnostic Testing

* Ying Ying Yeh, Ph.D.

Indiana State University, 2008

Psychological Evaluations, Sex Offender Treatment.

IX. ATASCADERO STATE HOSPITAL
SELECTED RECENT WORKSHOPS AND COLLOQUIA

LEGAL AND ETHICAL ISSUES IN CLINICAL PRACTICE

Pamela Harmell Ph.D

"THE PERSONALITY ASSESSMENT INVENTORY (PAI) AND THE PERSONALITY ASSESSMENT INVENTORY – CORRECTIONAL SETTINGS (PAI-CS): A SIGNIFICANT IMPROVEMENT IN PERSONALITY ASSESSMENT IN CORRECTIONAL SETTINGS"

David M. Schwartz, Ph.D.

"CLINICAL SUPERVISION"

Carol Falender, Ph.D.

"LAW AND ETHICS"

Jeffrey N. Younggren, Ph.D.

"VIOLENCE RISK ASSESSMENT"

Henry Richards, Ph.D.

"SEEKING SAFETY TRAINING"

Gabriella Grant, MA

"BASICS OF MDO: UNDERSTANDING AND INTERPRETING MDO CRITERIA"

Ron Mihordin, M.D.

"FORENSIC REPORT WRITING"

Ron Mihordin, M.D.

"MEDITATION FOR THERAPISTS"

Anellen Simpkins, Ph.D. and Alex Simpkins, Ph.D.

"DSM-V RESEARCH PLANNING AND LIKELY DIRECTIONS"

Michael B. First, M.D.

"THE NEW CULTURE OF COMPETENCY IN PSYCHOLOGY: THE PROFESSIONAL DEVELOPMENTAL PROCESS"

David R. Cox, Ph.D.

"POSITIVE BEHAVIOR SUPPORT TRAINING FOR PSYCHOLOGISTS"

Killorin Riddell, Ph.D.

"MINNESOTA MULTIPHASIC PERSONALITY INVENTORY-RESTRUCTURED FORM"

Yossef S. Ben-Porath, Ph.D.